STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
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May 15, 2007
Public Health & Emergency Preparedness Bulletin: # 2007:19
Reporting for the week ending 05/12/07 (MMWR Week #19)

Current Threat Levels:
National: **Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)**
Maryland: **Yellow (ELEVATED)**

REVIEW OF DISEASE SURVEILLANCE FINDINGS
COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	**Aseptic***	**Meningococcal***	*(non-suspect cases)
New cases:	* Data not yet released from Division of Communicable Disease Surveillance		
Prior week:	* Data not yet released from Division of Communicable Disease Surveillance		
Week#19, 2006:	4	-	

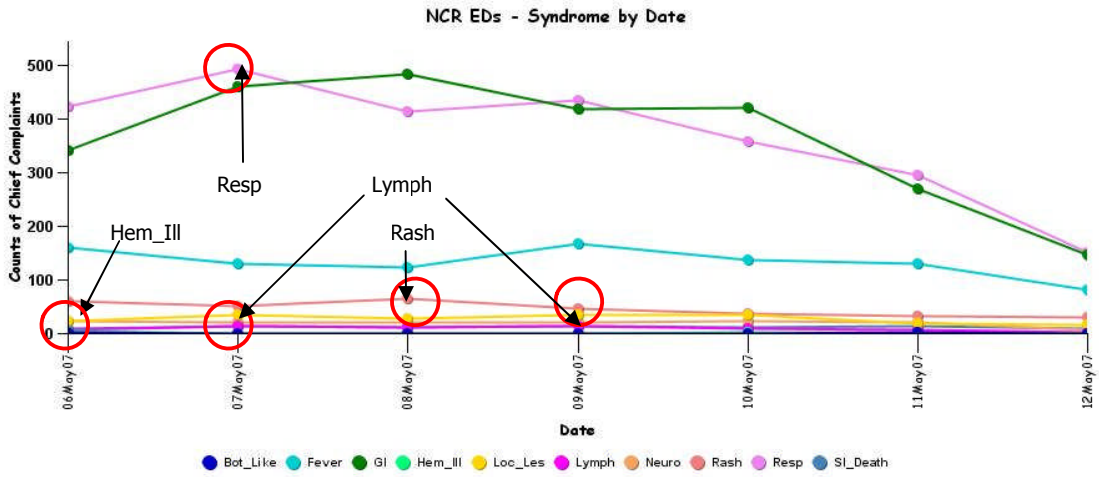
2 outbreaks were reported to DHMH during MMWR Week 19 (May 6-May 12, 2007):

1 Rash illness outbreak
1 outbreak of SCABIES

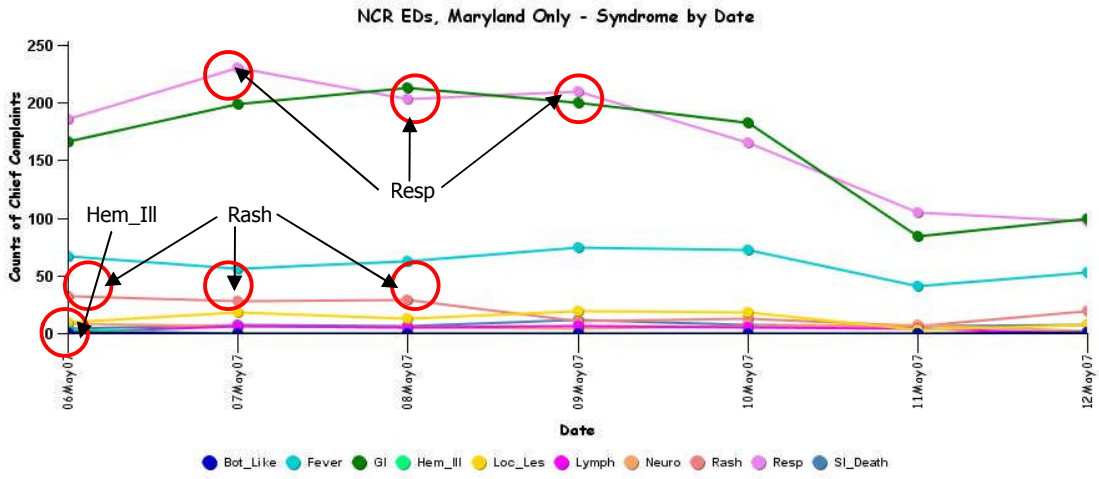
1 Sepsis outbreak
1 outbreak of SEPSIS associated with a Hospital

SYNDROMIC SURVEILLANCE REPORTS:

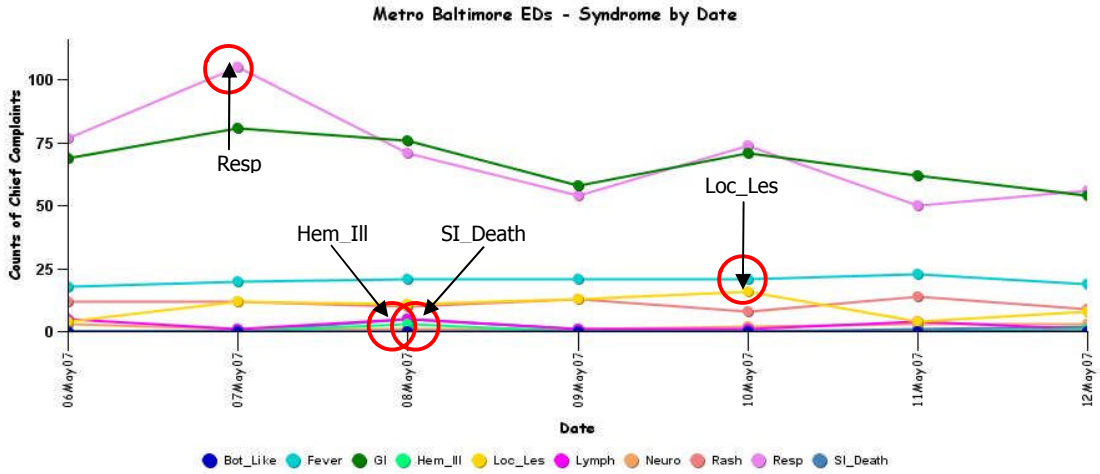
ESSENCE (Electronic Surveillance System for the Early Notification of Community-base Epidemics):
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only.
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness. * Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system

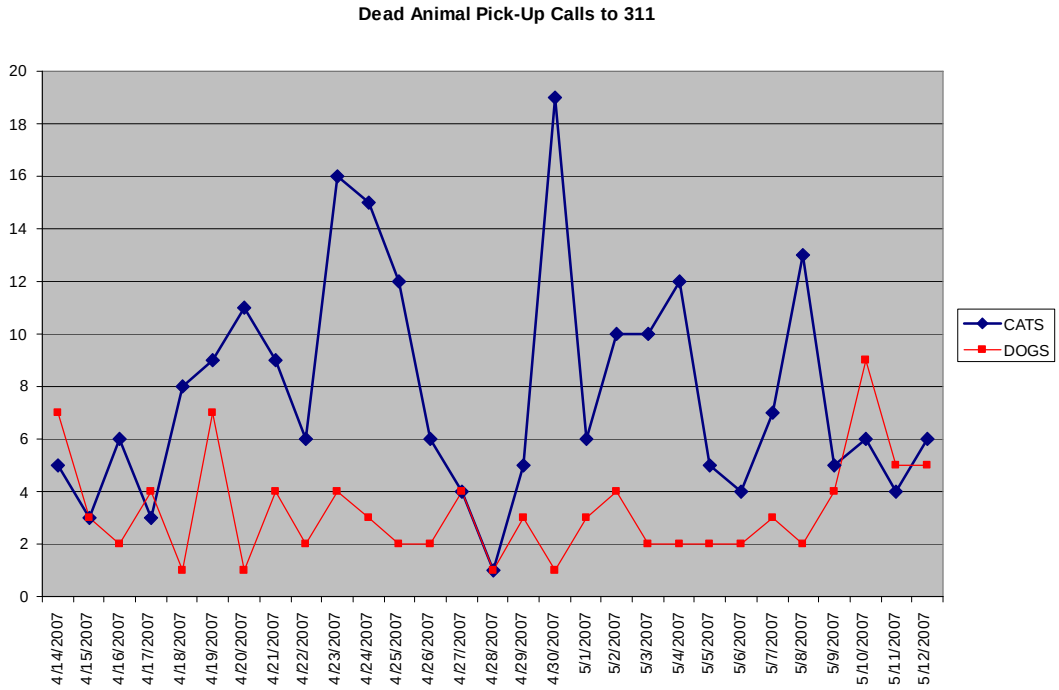


* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system



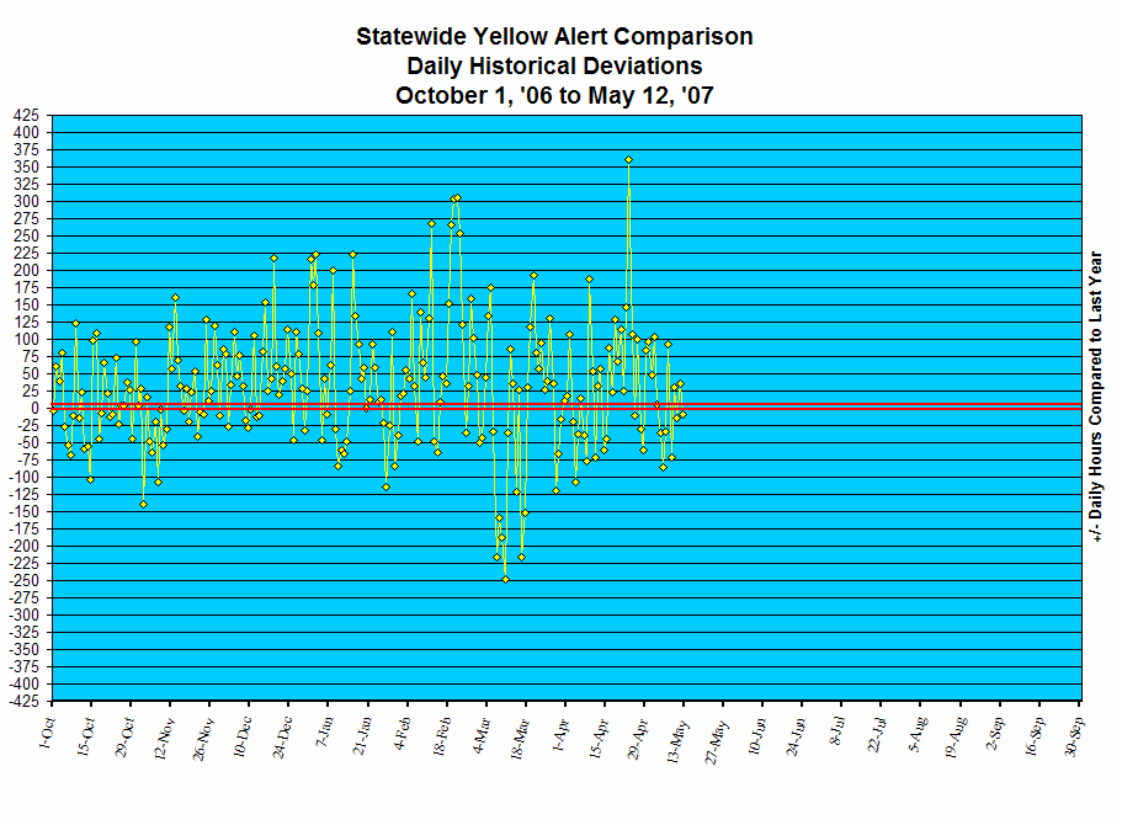
* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

Baltimore City Syndromic Surveillance Project: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.



REVIEW OF MORTALITY REPORTS:
OCME: OCME reports no suspicious deaths related to BT for the week

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION
YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/06.



NATIONAL DISEASE REPORTS:

BRUCELLOSIS, CANINE (Washington): 9 May 2007, Lewis County health officials say 15 dogs have now tested positive for Brucella canis and 3 other dogs could also test positive in the coming weeks. They were found on the property of a woman who rescues and breeds dogs. About 110 dogs were found on the property; many of them living in filthy conditions. Officials are advising anyone who has obtained a dog from the woman to have it checked out by a vet. Brucella canis is a particular strain of brucellosis that infects dogs. The disease is not easily transmitted to humans and is relatively mild, with the exception of individuals with immune compromising conditions (patients with cancer, HIV infection, or transplants) and young children. In dogs, the disease is transmitted during breeding causing females to abort and males to develop long term chronic infections. Treatment in dogs is not very effective and the recommended management to prevent the spread to other dogs is euthanasia of infected dogs. Brucellosis is transmitted by contact or by contaminated food, water, and excrement. Health officials are trying to stop to the transmission of this dog disease to the other dogs on the property and prevent it from spreading to other dogs in the county. Anyone who received a dog from this woman along Hwy 508 near Mary's Corner, Hwy 12 at the Ethel Market area or from a parking lot in any of the businesses at Exit 79 in Chehalis since mid February is advised to take it to a veterinarian or an animal shelter. People who are concerned about exposure can consult with Lewis County Public Health Department at 360-740-1222. (Brucellosis is listed in Category B on the CDC list of Critical Biological Agents)* Non-suspect case

SHIGELLOSIS (Missouri): 9 May 2007, Health officials are calling on parents, caretakers, and workers at day care centers and schools to help end an outbreak of a highly contagious intestinal illness called shigellosis. The outbreak started in early November 2006 and has spread to about 60 day care facilities in the city and in north St Louis County and 2 in Fenton, said Michael Williams, director of the communicable disease division of the St Louis County Health Department. County health officials have recorded 359 cases, 331 of which struck in 2007. In the city, 152 people have been sickened by the bacterial disease, with about 30 new cases appearing each month, said Pamela Rice Walker, acting director of the City Health Department. Most of the sick have been preschool-age children or young elementary school children, many of whom have siblings in day care, she said. St Charles County has had 3 cases of shigellosis in the past

month, 2 of which were associated with day cares. More than half of the cases in St Louis County have been in children aged 4 and younger. Most of the cases could be tied directly to day care centers, through people who work at or attend a day care, or their family members. Statewide, 485 people have come down with shigellosis, most in the St Louis region, with smaller outbreaks in central and southeastern Missouri. The Illinois Department of Health has no reports of shigellosis in the Metro East area. Day care centers are the perfect setting for shigellosis to spread, Williams said. "Little kids have notoriously bad hygiene, and they like to share everything," he said. Shigella is spread by eating or drinking food or water contaminated by an infected person and it can also be spread by direct contact with an infected person. (Food safety threats are listed in Category B on the CDC list of Critical Biological Agents)* Non-suspect case

INTERNATIONAL DISEASE REPORTS:

CRIMEAN-CONGO HEMORRHAGIC FEVER (Kazakhstan): 6 May 2007, The Kazakhstan Ministry of Emergency Situations reported that residents of the Kyzyl-Orda region had contracted Crimean-Congo hemorrhagic fever (CCHF). According to the Ministry, on Apr 29, a 24-year old inhabitant of the settlement of Amangeldy in the Syr-Darya district was admitted to the regional infectious diseases hospital on suspicion of a severe form of CCHF. On Apr 30, a team of physicians confirmed the diagnosis. The condition of the patient has now deteriorated. Tick control measures are being undertaken in the immediate neighborhood. (Viral hemorrhagic fevers are listed in Category A on the CDC list of Critical Biological Agents)* Non-suspect case

CRIMEAN-CONGO HEMORRHAGIC FEVER (Russia): 6 May 2007, The 1st cases of Crimean-Congo hemorrhagic fever (CCHF) have been observed in the Astrakhan region, which is located in the extreme southeast of the European part of Russia and borders the Republic of Kazakhstan. On May 3, according to Astrakhan Radio, residents of the village of Colenoye Zaymische in the Chernojarskiy district were admitted to hospital with characteristic symptoms of CCHF (i.e. an acute fever, symptoms of intoxication, and severe hemorrhagic symptoms). Ticks are the source of the infection. 16 cases of CCHF were recorded last year (2006), including one fatality. According to Rospotrebnadzor (the Federal Service for Surveillance of Consumer Rights and Human Welfare), favorable weather conditions contributed to a marked increase in the density of the tick population. This is something the inhabitants of the region should be aware of. Most at risk are those employed in the cattle rearing industry. Appropriate clothing covering exposed skin should be worn to prevent exposure to tick bites. Periodic inspection for tick bites is advisable, and medical attention should be sought immediately at a local polyclinic when tick bites are detected. (Viral hemorrhagic fevers are listed in Category A on the CDC list of Critical Biological Agents)* Non-suspect case

NIPAH VIRUS, FATAL (India): 8 May 2007, On Monday May 7, it was announced that the mystery fever that has claimed 3 lives in Nadia (district of West Bengal) is being blamed on a rare virus that is spread by pigs and bats and which killed 49 people in Siliguri 6 years ago. Nipah virus, discovered in Malaysia in 1999, has since been known to strike only 2 other places, Bangladesh and Bengal, causing epidemics in both. The Nadia infection, which now afflicts at least 30 people, was first thought to be a new strain of dengue. But blood samples of the 3 dead patients have tested positive for Nipah virus at the National Institute of Virology in Pune, India. The wife of one of the 3 dead confirmed that bats are common in her Krishnagar locality. "They even enter our home and bite us, but we never bothered about it before," she said. She has a temperature and is undergoing regular check-ups at the district hospital. "Fruit bats are Nipah virus's natural hosts," a virologist said. "The bats can infect pigs and both can infect humans. Transmission requires close contact with infected tissues or body fluids. We have asked families to cut the leaves of fruit plants and stop eating pork," said Mohan Basu, deputy chief medical officer of heath, Nadia district. [However, it is not certain that all 30 patients have the Nipah virus.] The hitherto unexplained fever had afflicted 50 people since February 2007 but some 15 have recovered and 2 of the 5 dead actually died of encephalitis. No medicine has been found to work against Nipah, which spreads rapidly and has a high mortality rate. It killed 105 of 265 patients in Malaysia, 18 of 30 in Bangladesh in April 2004, and 3/4 of the 66 it infected in Siliguri (West Bengal) in 2001. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents)* Non-suspect case

CHOLERA (Namibia): 9 May 2007, Cholera and acute diarrhea cases are on the increase in the Ohangwena Region with reports of more deaths and infection cases. A week ago, health authorities reported 343 cases, including those of diarrhea. Now the number has escalated to a record 475 of which 27 were confirmed as cholera. In the Engela district of the Ohangwena Region, 10 deaths from acute diarrhea have been reported so far. About 17 cases of diarrhea have been found in Opuwo, while other affected areas are Ruacana and Okatope in the north. In a brief interview with New Era yesterday, permanent secretary of the Ministry of Health and Social Services, Dr Kalumbi Shangula, said "In all instances, they are imported cases. And the 10 deaths are due to a result of acute diarrhea and not cholera," said Dr Shangula, adding that most of the victims turn out to be elderly people with weak immune systems that make them more prone to the disease. However, public worry about the scare of a suspected cholera outbreak in the north resulted in May Day celebrations last week being cancelled by the National Union of Namibian Workers at Oshikango. The organizing union's deputy secretary-general, Tadeus Erago, said that although the public rally was organized and scheduled for the border town, it had to be cancelled due to fear of a cholera outbreak. The union was advised by the local health authority that it was not good to gather many people in one place because this would result in the spread of the communicable disease. The water supply in Oshikango remains closed due to non-payment by municipal authorities. In view of this, the Ministry of Health and Social Services is busy negotiating with Namwater (Namibia Water Corporation) to re-open the water supply for the sake of good health. (Water safety threats are listed in Category B on the CDC list of Critical Biological Agents)* Non-suspect case

CHOLERA (Kenya): 10 May 2007, The Ministry of Health has issued an alert of cholera outbreak in the country. Addressing the press in Nairobi on Thursday May 10, director of medical services Dr James Nyikal confirmed 32 deaths and 528 cases in 8 districts in the country. Nyikal said West Pokot district had the highest number of infections with 151 cases, while Turkana district had recorded the highest number of deaths at 9. He said the latest cases have been reported in Kisumu and Siaya districts. Dr Nyikal said the ministry has taken control measures but cautioned the public to observe hygiene. At the same time, he has directed the provincial administration to work closely with the public health officers to ensure all households have a toilet. (Water safety threats are listed in Category B on the CDC list of Critical Biological Agents)* Non-suspect case

SALMONELLOSIS, FOODBORNE (Bosnia): 11 May 2007, The number of people seeking medical assistance in the Bosnian capital, Sarajevo, for food poisoning has increased overnight from 300 to 425, officials at the Sarajevo Clinic Hospital said on Friday May 11, 2007. The clinic's officials told reporters in Sarajevo that more than 60 people arrived into hospital in the last couple of hours, where more than 350 people have been treated in the last 48 hours. More than 100 people were hospitalized due to severe salmonella poisoning. The director of the hospital, Faris Gavrankapetanovic, said more patients were expected in the next 72 hours. All the patients, according to the clinic, had eaten chicken sandwiches in a popular fast food and pizzeria restaurant in the city's center. The restaurant is located near several schools and a local bus station in downtown Sarajevo. (Food safety threats are listed in Category B on the CDC list of Critical Biological Agents)* Non-suspect case

CRIMEAN-CONGO HEMORRHAGIC FEVER (Russia): 12 May 2007, According to the Russian epidemiological surveillance center, 2 residents of the Budenovskiy and Krasnogardeyskiy districts of Stavropol have been diagnosed with Crimean-Congo hemorrhagic fever (CCHF). They were infected while removing ticks from domestic animals. A preliminary diagnosis of CCHF has also been made in 16 other people from 11 districts, who were treated in hospital. Of these, 5 are children under the age of 14. This year, 818 people have requested treatment for tick bites, 368 of them children. In the past week alone nearly 300 people have applied for treatment. These data are evidence of an abundance of ticks in the environment. The Stavropol health care authorities are actively engaged in epidemic control measures and in promotion of awareness of the danger among the general population. Cases of CCHF have already been recorded in Astrakhan and Rostov, which are parts of the southern federal district of Russia, as well as in the southern part of the neighboring Republic of Kazakhstan. (Viral hemorrhagic fevers are listed in Category A on the CDC list of Critical Biological Agents)* Non-suspect case

AVIAN INFLUENZA-RELATED REPORTS

WHO update: The last update from the WHO of confirmed human cases of H5N1 avian influenza virus infection was on 11 April 2007. In this update, the cumulative global total was reported as 291 confirmed human cases and 172 deaths.

AVIAN INFLUENZA, HUMAN (Indonesia): 8 May 2007, Bird flu has killed a woman in Indonesia, taking the death toll in the country worst hit by the deadly virus to 75, a health ministry official said on Monday May 7. Suhardaningrum, an official from the national bird flu information centre, said 2 series of tests confirmed that the 29 year old woman was infected with the deadly H5N1 strain of the virus. The woman was admitted to the International Hospital in Medan in northern Sumatra on May 2 and died 2 days later, the official said. "There is a new bird flu victim and it is a woman, the 75th person to die," said Suhardaningrum. It was unclear how the woman contracted the virus as she did not have any known contact with sick poultry, the most common form of infection, other officials said. The latest death comes as Indonesia is embroiled in a dispute with the World Health Organization (WHO) over delays on resuming sharing bird flu samples with the United Nations body. Indonesia agreed in March 2007 to an immediate resumption, after reaching a breakthrough agreement in international talks with WHO to develop a new mechanism on sample-sharing. But more than 4 weeks later, samples have not been sent. Health minister, Siti Fadilah Supari, has said Indonesia would not resume sharing samples aimed at fighting the deadly disease until it receives certain guarantees in writing. Indonesia stopped sending samples in December 2006 over concerns that drug firms would use them to develop costly vaccines beyond the budgets of poorer countries. Indonesia wants a guarantee, in writing, that under the March 2007 agreement, companies will need permission from a country for access to its virus samples. The Indonesia ministry of health gives the total number of deaths in Indonesia as 75, including the latest case in Sumatra. In contrast, WHO's cumulative table of avian influenza deaths last updated on 11 Apr 2007 gives the number of confirmed deaths in Indonesia as 63.

*Cases and outbreaks will be cited for suspect level with regards to suspicion of BT threat. Therefore, cases and outbreaks will be categorized as "Determined BT", "Suspect" or "Non-suspect".

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NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information is a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

Questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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